

LICENSE RENEWAL APPLICATION	DATE OF APPLICATION
BUSINESS INFORMATION	
NAME OF BUSINESS / DBA	BUSINESS OWNER (NAME OF INDIVIDUAL OR ENTITY)
PRIMARY CONTACT(S)	EMAIL ADDRESS
TELEPHONE	SALES TAX NUMBER
MAILING ADDRESS	PHYSICAL ADDRESS
PLEASE INDICATE "YES" OR "NO" FOR EA	CH OF THE FOLLOWING QUESTIONS:
Has the applicant	
Changed its business location within the pas	st year?
Amended its scope of business services with	nin the past year?
Made any physical modifications or improve	ements to its business location within the past year?
Please provide details below for any "YES	S" answers:
NAME OF APPLICANT	APPLICANT SIGNATURE
PAYMENT AND LICENSE INFORMATION	
Payment method	Amount paid
License number	Date issued
Received/Issued by	

NOTE TO APPLICANT: Signatures and/or inspections from the appropriate departments listed below may be required prior to approval/issuance of your license. All new applicants, relocations, and new locations of existing businesses are subject to departmental approval and related inspections. Existing businesses in existing locations may also be subject to departmental approval if the nature of the business operations has changed. Such determination shall be made by the Town Clerk upon receipt of a completed application. Applicants will be notified by the Town Clerk of any required inspections, which will be scheduled separately by each department head.

DEPARTMENT APPROVALS - Required for any "YES" answers from Page 1

SAN JUAN BASIN HEALTH DEPARTMENT (Requ	ired for all Food-Service Businesses)
Evidence of approval from the Health Department	
Received by	Signature / Date
PLANNING & ZONING (Planning Director – Bob No	evins, 970-387-5522, Local land use and zoning code compliance)
Notes:	
	Signature / Date
	Signature / Date
FIRE DEPARTMENT (Fire Inspector – David Zanor	ni, 970-596-6928, 2003 International Fire Code Compliance)
Notes:	
Max Occupancy per Code	
	Signature / Date
RIIII DING INSPECTOR (Kaith Thompson 970-38)	7-5522, 2006 International Building Code Compliance)
Notes:	. ,
notes.	
Max Occupancy per code	Signature / Date
	orginature / Bate
CODE ENFORCEMENT OFFICER (Keith Thompson	n, 970-387-5522, Town of Silverton Municipal Code)
Notes:	
	Signature / Date
TOWN CLERK (Brian Carlson, 970-387-5522)	
Notes:	
Utility/Refuse billing EQR	
	Signature / Date